

to your

Health!

"Promoting Good Health Through Information"

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Zostavax® and Shingles

Michelle Bryson, PharmD, Pharmacy Resident

What is the Varicella Zoster Virus?

Varicella Zoster Virus, or VZV for short, is responsible for two separate conditions. This virus causes varicella, or chicken pox, which is usually seen in children. After the first infection, the virus makes its way to the nerve cells in the body and lays quiet for many years. It affects about 98% of the adult population. After many decades from this first, or "primary" infection, VZV can re-activate to cause *herpes zoster*, or shingles. About 1 in 3 persons will develop shingles in their lifetime. It is not known what triggers this reactivation of VZV.

Shingles is known by a characteristic rash. It typically develops only on one side of the body, and does not cross below the waist. The rash may be painful, and contains liquid-filled bumps known as vesicles, which erupt and crust over. This rash usually lasts a week or more, but completely heals in 2 to 4 weeks. After the rash resolves, some people may experience postherpetic neuralgia, a very painful condition that may last for months to years. Shingles is less contagious than chickenpox, and is passed from person to person by contact with the bumps before they crust over. Contact with people who have not yet had chickenpox can cause this infection.

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Recipe for Health

SCALLOP KABOBS

These colorful kabobs use scallops, which are naturally low in saturated fat.

Ingredients:

3 medium green peppers, cut into 1-1/2-inch squares	1/4 C vegetable oil
1-1/2 lb fresh bay scallops	3 Tbsp lemon juice
1 pt cherry tomatoes	dash garlic powder
1/4 C dry white wine	black pepper to taste
	4 skewers

Directions:

1. Parboil green peppers for 2 minutes.
2. Alternately thread first three ingredients on skewers.
3. Combine next five ingredients.
4. Brush kabobs with wine/oil/lemon mixture, then place on grill (or under broiler).
5. Grill for 15 minutes, turning and basting frequently.

Yield: 4 servings

Serving size: 1 kabob (6 oz)

Each serving provides:

Calories: 224	Total fat: 6 g
Saturated fat: 1 g	Cholesterol: 43 mg
Sodium: 355 mg	Total fiber: 3 g
Protein: 30 g	Carbohydrates: 13 g
Potassium: 993 mg	

www.nhlbi.nih.gov/health

Skin Cancer Prevention and Screening

Jennifer Lai, MD, Staff Physician, Dermatology

Skin cancer is the most common of type of cancer in the United States. The three main types of skin cancer include basal cell carcinoma, squamous cell carcinoma, and melanoma. There are more than 3 million cases of basal cell carcinoma and squamous cell carcinoma in the US each year, and melanoma will account for more than 75,000 cases of skin cancer in 2012. Though less common, melanoma is the most deadly type of skin cancer.

Exposure to ultraviolet radiation from the sun is the major risk factor for skin cancer, so it is important to keep yourself well protected, particularly during the summer when people are outdoors more often. You can have fun in the sun and stay safe by taking certain precautions! The following guidelines from the American Academy of Dermatology can help protect you year-round.

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Zostavax[®] and Shingles

Who should get the herpes zoster (shingles) vaccine?

The zoster vaccine, named Zostavax[®], is indicated for prevention of shingles. Since shingles typically occurs in older adults, the vaccine is approved for people who are 60 years of age or older. Certain adults may qualify for the vaccine if they are 50 years old. Even if you have had shingles already, it is recommended to get the vaccine if you have not had it before. Zostavax[®] can also be safely given at the same time as a pneumococcal vaccine or an influenza vaccine. Zostavax[®] should not be given to people who have cancer or take medications that suppress the immune system.

What is the Zostavax[®] vaccine like?

This vaccine is a single injection given under the skin. The most common side effects are headache and pain at the injection site. Ask your primary care provider about making sure you are up to date on all your vaccines, and if you are qualified for the Zostavax[®] vaccine.

- Generously apply a broad-spectrum, water-resistant sunscreen with a Sun Protection Factor (SPF) of 30 or more to all exposed skin. "Broad-spectrum" provides protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays. Reapply approximately every two hours, even on cloudy days, and after swimming or sweating.
- Wear protective clothing, such as a long-sleeved shirt, pants, a wide-brimmed hat, and sunglasses.
- Seek shade when appropriate. Remember that the sun's rays are strongest between 10 a.m. and 4 p.m. Use extra caution near water, snow, and sand because they reflect and intensify the damaging rays of the sun, which can increase your chances of sunburn.
- Get vitamin D safely through a healthy diet that may include vitamin supplements. Don't *seek* the sun.
- Avoid tanning beds. Ultraviolet light from the sun and tanning beds can cause skin cancer. If you want to look tan, consider using a self-tanning product.
- Check your birthday suit on your birthday. If you notice anything changing, growing, or bleeding on your skin, go see your doctor.

In addition to the tips above, you should use a lip balm with a sun protection factor (SPF) of 30 or higher, since skin cancer may occur on the lips. If you choose to wear a baseball cap rather than a wide brimmed hat, make sure to use sunscreen on exposed areas of the face, such as the ears and nose.

Skin cancer can usually be cured when found early. Signs to look out for include change in the size or color of a mole, any new growths that appear, bleeding or oozing of a lesion, or skin injuries that do not heal over time. The ABCDEs warning signs of melanoma are a useful tool to help identify suspicious moles. If any of your moles show these signs, you should promptly notify your health care provider for further evaluation.

- A:** Asymmetry (one half does not match the other)
- B:** Border irregularity (edges are ragged or poorly defined)
- C:** Color (pigmentation is not uniform with shades of tan, brown, black, red, white, and blue)
- D:** Diameter (larger than the size of a pencil eraser)
- E:** Evolving (lesion changing over time or appears different from the rest)



Behavioral Pain Management: When You Can't Stand the Pain

Julia Lea Jennings, Psy.D., Rehabilitation Psychology Postdoctoral Fellow
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You know it when you have it. It may be sharp and burning, or it might be dull and aching. It's pain. But what is it? And what can you do about it?

What is pain?

The International Association for the Study of Pain defines pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage." Pain exists to help us protect against possibly damaging stimuli. For example, when you touch a hot stove, nociceptors in your hand send a message to your central nervous system and you experience pain, causing you to move your hand away from danger. In addition to this type of nociceptive pain, people can also have neuropathic pain, which is caused by damage or disease affecting the sensory part of the nervous system.

Chronic versus acute pain

Sometimes, the experience of pain lasts beyond the time you are in danger of further tissue damage. While acute pain is experienced shortly after an injury and generally resolves through the natural healing process or with appropriate medical treatment, chronic pain lasts six months or more after an injury and no longer signals tissue damage. When a person has chronic pain, the goal becomes to manage the pain rather than to cure it.

You mean it's in my brain, not just all in my head?

For both acute and chronic pain, the experience is real. The experience of pain occurs in the brain when it receives nerve impulse messages from the body. Researchers have discovered a mechanism in the spinal cord called the spinal gate, which allows varying intensities of pain signals to pass through to the brain. The amount of pain signal that passes through also depends on other factors than just the pain itself, including psychological factors. Many behavioral pain management techniques involve those factors which "close" the spinal gate to some degree.

Behavioral pain management

It is often unrealistic to expect to cure chronic pain 100%. Rather, the goal of behavioral pain management is to help people reduce the suffering associated with pain so they may live their lives more fully. Consider the following strategies:

Acceptance: Understand you might not ever be pain-free. When you have realistic expectations, you can focus on what you value in life rather than spending your energy battling pain.

Distraction: Distraction using cognitive exercises, conversation, or enjoyable activities can help "close" the spinal gate. It is all the better if you can distract yourself with enjoyable and meaningful activities.

Social support: Rather than isolating from friends and family, let them be a positive distraction for you. People can find further social support at pain support groups at the VA, where they can meet others dealing with similar struggles.

Relaxation: Stress increases the experience of pain. Therefore, using relaxation exercises such as deep, slowed breathing and visual imagery can help reduce the experience of pain.

Psychological support: Psychological distress such as depression, anxiety, and PTSD can compound the experience of pain. Ask your provider about resources for psychological support.

Exercise: Many people experience pain due to muscle tightness and weakness. Therefore, light to moderate exercise such as stretching, walking, or swimming can increase blood and oxygen flow to muscles, loosen muscles, and create the release of endorphins (naturally occurring, pleasure enhancing chemicals in the brain) which can all contribute to an overall sense of well-being.

Pacing: Use a journal for one week to track the time and amount of activity that is comfortable versus that which causes pain flare-ups. Use what you learn about your own body as an indicator of how to pace your activity level.

Physical Therapy: Physical therapy can improve functioning and the experience of pain using heat, cold, stretching, manipulation, and strengthening. Providers might also use a TENS unit to reduce the experience of pain.

Alternative medicine: Experiment with alternative treatments such as massage, acupuncture, or reflexology to find what works for you.

For more information on self-management of pain, a chronic pain handbook (developed by Dr. Richard Hanson at the Long Beach VA) can be found at the following web address:

http://www.arachnoiditis.info/website_captures/chronicpainhandbook/Introductory%20Pain%20Concepts.htm

Everybody is different, so their management of pain will be different. Seek the advice of professionals while being your own experimenter. Best of luck finding what works for you in managing your pain, and engaging in your life more fully! ■

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World Wide Web Address:

www.paloalto.va.gov



 = Inpatient Campus  = Outpatient Clinic



***Taking an active role in your care can help
prevent medication errors! Carry your
medication list with you at all times!***

Questions or Comments?

If you have any questions or topics you would like addressed in *To Your Health* feel free to contact:

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Tips for Healthy Living

Follow these simple steps to prevent allergy and asthma attacks at home. Start in the bedroom.

- Cover mattresses and pillows in “dust proof” covers.
- Wash all bedding in warm water at least once a week.
- Keep stuffed animals off the bed.
- If possible, remove all carpets. It’s easier to keep bare floors clean.

www.healthfinder.gov/prevention